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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

| | | | |
|--|---|------------------------|---------------|
| Total Number of Pages in This Submission | 6 | Attorney Docket Number | 174/173 CON 3 |
|--|---|------------------------|---------------|

| ENCLOSURES (Check all that apply) | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form (in duplicate) <input type="checkbox"/> Fee Attached | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): | |
| <input checked="" type="checkbox"/> Amendment Pursuant to 37 CFR 1.312 <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund | | |
| <input type="checkbox"/> Extension of Time Request | <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | | |
| <input type="checkbox"/> Express Abandonment Request | | | |
| <input type="checkbox"/> Information Disclosure Statement | | | |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | | | |
| <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | | | |
| | Remarks | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | | |
|--------------|---|----------|--------|
| Firm Name | Fish & Neave IP Group Ropes & Gray LLP | | |
| Signature | | | |
| Printed name | Andrew Van Court | | |
| Date | January 27, 2005 | Reg. No. | 48,506 |

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

| | |
|-----------------------|------------------|
| Signature | |
| Typed or printed name | Lillian Garcia |
| Date | January 27, 2005 |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

JAN 31 2005

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

for FY 2005

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$)

Complete If Known

| | |
|----------------------|-------------------------|
| Application Number | 10/797,484 |
| Filing Date | March 9, 2004 |
| First Named Inventor | James Schleicher et al. |
| Examiner Name | Vibol Tan |
| Art Unit | 2819 |
| Attorney Docket No. | 174/173 CON 3 |

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 06-1075 Deposit Account Name: _____

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17. A duplicate copy of this letter Credit any overpayments is transmitted herewith.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | |
|------------------|-------------|--------------|-------------|--------------|------------------|--------------|
| | Fee (\$) | Small Entity | Fee (\$) | Small Entity | Fee (\$) | Small Entity |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 |
| Design | 200 | 100 | 100 | 50 | 130 | 65 |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 |

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Small Entity

Fee (\$) Fee (\$)

50 25

Each independent claim over 3 (including Reissues)

200 100

Multiple dependent claims

360 180

| Total Claims | Extra Claims | Fee (\$) | Fees Paid (\$) |
|--------------|----------------|----------|----------------|
| 14 | - 20 or HP = 0 | x 50.00 | = 0.00 |

HP = highest number of total claims paid for, if greater than 20

| Multiple Dependent Claims | |
|---------------------------|---------------|
| Fee (\$) | Fee Paid (\$) |
| 360.00 | 0.00 |

| Indep. Claims | Extra Claims | Fee (\$) | Fees Paid (\$) |
|---------------|---------------|----------|----------------|
| 1 | - 3 or HP = 0 | x 200.00 | = 0.00 |

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|--|----------|---------------|
| - 100 = | /50 = | (round up to a whole number) | x | = |

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): _____

SUBMITTED BY

Signature

Registration No. 48,506
(Attorney/Agent)

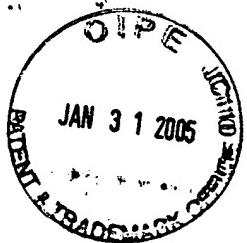
Telephone 212-596-9000

Name (Print/Type) Andrew Van Court

Date January 27, 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

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IFW/B

174/173 CON 3

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

PATENT APPLICATION

Applicants : James Schleicher et al.
Application No. : 10/797,484 Conf. No.: 3295
Filed : March 9, 2004
For : INTERCONNECTION RESOURCES FOR
PROGRAMMABLE LOGIC INTEGRATED
CIRCUIT DEVICES
Group Art Unit : 2819
Examiner : Vibol Tan

Mail Stop Issue Fee
Hon. Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT PURSUANT
TO 37 C.F.R. § 1.312

Sir:

Please amend the above-identified allowed patent application (for which the issue fee has not yet been paid) as follows:

Amendments to the specification begin on page 2.

Remarks begin on page 3.